

Incident Report

Print Date/Time: 07/20/2016 15:22

Login ID: ss0139 Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00013703

Incident Date/Time: 7/14/2016 9:05:00 PM Location: 10027 LUNDEEN PKWY

LAKE STEVENS WA 98258

(425) 232-7024

Phone Number: Report Required: Yes **Prior Hazards:** No

LE Case Number:

Incident Type: Collision Venue:

Lake Stevens

Source: 911 Priority: 3 3 Status:

Nature of Call:

Unit/Personnel

Unit Personnel

19N3 SS0135-Parnell

Person(s)

No. Role Name Address Phone Race Sex DOB

Reporting Party SCOTT, JESSICA 12020 31ST PL JOCILLE

(425) 232-7024 White

Female 11/25/1980

SAVILLE, COLIN PHILLIP Involved Party 1222 102ND DR SE (425) 293-4816 White Male 04/19/1991

LAKE STEVENS WA 98258

Vehicle(s)

Role Year Make Model Color License State Type

Involved Vehicle ADY2612

Disposition(s)

Disposition Count

R

Property

Date Code Make Model Type Description Tag No. Item No.

CAD Narrative

07/14/2016: 21:52:20 SP0422 Narrative: TOW ON SCENE 07/14/2016: 21:20:43 SP0422 Narrative: MACK'S TOW ADV 07/14/2016: 21:19:24 SP0422 Narrative: 5-7 DOWN IN EMBANK

07/14/2016: 21:08:24 SP0400 Narrative: THIS RP CATHY WILKERSON 253-278-8912

07/14/2016 : 21:07:49 SP0402 Narrative: LR402

07/14/2016: 21:07:38 SP0400 Narrative: ANOTHER RP CALLING IN, IN DITCH, ALMOST TO THE LAKE

07/14/2016: 21:07:35 SP0402 Narrative: RP CONFIRMED NON INJ ***

07/14/2016: 21:07:17 SP0402 Narrative: NON BLKING, VEH WENT OFF ROADWAY INTO WOODS, BLK BMW 4 DR

07/14/2016: 21:06:53 SP0402 Narrative: CC, UNK INJ COL,

07/14/2016: 21:06:09 SP0402 Narrative: ON LUNDEEN NO GAS STA



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-13703

Page ___ OF ___

VICTIM WITNESS	NON-DISCLOSURE
NAME (LAST, FIRST, MIDDLE SEX JOCILLE W FI	D.O.B. AGE HGT WGT HAIR EYE
STREET ADDRESS LOQUISITY CITY	ake Sterns WA 98258
HOME PHONE CELL PHONE 425 232 7024	WORK PHONE
EMAIL, ADDRESS (OPTIONAL) 190 H80 D COMCOST. NO + STATEMENTS	PLACE OF EMPLOYMENT
Turk land to see the	
I saw hind end & black con	k had into
the tree's I pulled over aalled 91	11. Then I
got out housed over to car and	d he (Ednuer)
Was tring to revergine to get	himself out
of the trees.	
influence of something he Hated	be was underthe
	he Was
	900
I CERTIFY (OR DECLARE) UNDER PENALTY OF PURJURY UNDER THE STATE OF WASHINGTON T	
SIGNATURE:	DATE SIGNED:
OFFICER/NUMBER:	DATÉ SIGNED:
OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURINGJUSTICE AND	GUARDING DEMOCRACY ARE VITAL TO A SAFE

HEALTHY, AND PROSPEROUS COMMUNITY"

COLLISION REPORT 16-00013703, 071416

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971	2 3 27
	INTERSTATE CITY STREET V FIRE RESULTED CASE # 2016-00013703	
1 1	STATE ROUTE OTHER DISTOLEN VEHICLE CODING LOCAL AGENCY CODING	
2 1	TOTAL # OF UNITS 01 OBJECT TREE OR STUMP	28
3 3	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	
	DATE OF COLLISION 07 - 14 - 2016 2105 31 S W OF 0664 3	
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	
4a	MILE POST	0 1 29
5	DISTANCE OF (REFERENCE OR CROSS STREET) MILES N E W	
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO DAMAGE THRESHOLD MET YE	30
6 9	LAST NAME SAVILLE FIRST NAME COLIN MIDDLE INITIAL P	
	STREET NEW ADDRESS 1222 102ND DR SE	
7	CITY LAKE STEVENS ST WA ZIP 982588526	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS 2	
9 9	DRIVER'S LICENSE # SAVILCP091JR STATE WA SEX M D.O.B. MMDDYYYY 04 - 1991	
10	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET 2 INJURY 7 CLASS 7 POSSIBLE HEAD INJURY	32
11 0 0		
12	TRAILER PLATE # STATE TRAILER PLATE # STATE	
13 4	VEH. YEAR 2011 MAKE VOLK MODEL JET4D STYLE 4D VEHICLE TOWED YES NO NO NOT STYLE 4D VEHICLE TOWED YES NO NO NOT STYLE 4D VEHICLE TOWED YES NO NO NOT STYLE 4D YES NO NO NOT STYLE WAS 98271 VEHICLE NO. 1	ом то 3 7 33
14	REGISTERED OWNER INFO. RATANAPORN SUPADIT 12023 587H DR NE MARYSVILLE WA 98271 UABILITY INSURANCE IN SURANCE OF ALLSTATE 987302688 INSURANCE OF ALLSTATE 987302688	ом то
15 2	VEHICLE VES NO CITATION # CHARGE	
16	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET PHONE	35
	LAST NAME FIRST NAME MIDDLE INITIAL	36
17	STREET NEW ADDRESS	38
18	CITY ST ZIP	39
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE # SEX D.O.B. MMDDYYYY -	
21	ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS	
22	LICENSE PLATE # STATE VIN#	
23	TRAILER PLATE # STATE TRAILER PLATE # 1	41
24	VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED TOWED BY GOVT. VEHICLE TOWED YES NO.	42
	REGISTERED OWNER INFO. LIABILITY INSURANCE IN SURANCE CO REPOLICY # 100 PLOY 100 PLOY	_
25	VEHICLE YES NO CITATION # CHARGE VEHICLE YES NO CITATION # CHARGE	
26	OFFICER'S NAME (PRINT) K. PARNELL BADGE OR ID # 0135 AGENCY WA0311900	
	PART A 3000-345-159 R (7/06)	





CORRECTION

CASE #

REPORT NO.

E564343

1	9	72	2		

2016-00013703

			ADDIT	IONAL	. PERSONS I	INVOLV	ED (PASSEN	IGERS ANI	D/OR WIT	NESS	ES ONLY)					
NAME (LAST, FIRST, MIDDLE INITIAL) SCOTT JESSICA J																
ADDRESS & PHONE # 12020 31ST PL NE LAKE STEVENS WA 98258 4252327024									SE	EX F	D.O.B. MMDDYYYY 11	_	25]-[1980	
PASSENGER \	WITNESS 🗾	JNIT #		SEAT POS.	AIRE	BAG	RESTR.	EJECT	- Н	ELMET USE	INJURY CLASS		NATURE	OF INJUR	RIES	
NAME (LAST, FIRST, MIDDLE	INITIAL)															
ADDRESS & PHONE #									SE	ΞX	D.O.B. MMDDYYYY	_]-[
PASSENGER \(\square\)	WITNESS	JNIT #		SEAT POS.	AIRE	BAG	RESTR.	EJECT	- Н	ELMET USE	INJURY CLASS		NATURE	OF INJUF	RIES	
NAME (LAST, FIRST, MIDDLE	INITIAL)															
ADDRESS & PHONE #		·							SE	ΞX	D.O.B. MMDDYYYY	-		7-[
PASSENGER \(\square\)	WITNESS	JNIT #		SEAT POS.	AIRE	BAG	RESTR.	EJECT	- Н	ELMET USE	INJURY CLASS		NATURE	OF INJUR	RIES	
						N.	ARRATI	/E								
Veh. was traveling WB on the 10200 block of Lundeen Pkwy. Driver reported dropping cell phone and reaching down to grab it. Veh. crossed EB lane of travel and down embankment before hitting multiple bushes and trees and coming to a stop. Veh. was towed to driver's house by Mack's Towing.																
CERTIFY (DECLA	RE) UNDER PE	NALTY OF	PERJURY	UNDER	THE LAWS OF	THE STAT	TE OF WASHI	NGTON TH	AT THE FO	REGO	ING IS TRUE AN	ND COR	RECT. (RC	CW 9A.	72.085)	
K. PARNELL	TIOEDIO CIONICA	TIDE		1.18117	COD DICT DET			16 05:38 A	М	Di c	OE SIONIED					
APPROVED BY C. CHRISTENSEN		UHE		UNIT	FOR DIST. DET		DATED		DATE 7		CE SIGNED 16 5:25:59 AM	1				
BADGE OR ID #	0135		ORI#	WA03	311900			TIME POLICE	E DISPATCHE	9:0	8 PM	TIME P	OLICE ARI	RIVED	9:13 PM	

REPORT NO. E564343

CASE# 2016-00013703

DATE AND TIME 07/14/16 21:05

